

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043186

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 230

FILED DEC 7 1962

1. PLACE OF DEATH
a. COUNTY JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CARTHAGE

Length of stay in 1b
25 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION McCUNE BROOKS HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JASPER

c. CITY OR TOWN CARTHAGE

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
ROUTE 4

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
WILLIAM BRYAN SIMMONS

4. DATE OF DEATH
Month Day Year
Nov. 27, 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5-2-75

9. AGE (last birthday)
87

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FARMER

10b. KIND OF BUSINESS OR INDUSTRY
AGRICULTURE

11. BIRTHPLACE (City and state or country)
JASPER, GEORGIA

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
IRV SIMMONS

13b. MOTHER'S MAIDEN NAME
UNK

14. NAME OF HUSBAND OR WIFE
LINDA MCCRAVEY SIMMONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT Address
MRS. LINDA SIMMONS, CARTHAGE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocarditis, Chronic with Myo-
cardial degeneration
DUE TO (b) Cardiac degeneration
DUE TO (c) Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH
1 yr +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 25, 1962 to Nov 27, 1962 and last saw her alive on Nov 26, 1962
Death occurred at 6:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
(Degree or title)
George H. Wood M.D.

(Degree or title)

22b. ADDRESS
1515 HAZEL, CARTHAGE, MO.

22c. DATE SIGNED
11-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
11-29-62

23c. NAME OF CEMETERY OR CREMATORY
PARK CEMETERY

23d. LOCATION (City, town, or county)
CARTHAGE

(State)
Mo.

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.
11-28-62

26. REGISTRAR'S SIGNATURE
Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6497
8490

3

4 0

5 1

6

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8 2

9 422.1

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11

12 2-0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.